

10/550944

Pocket No.

T3987-10161US01

Declaration and Power of Attorney For Patent Application**English Language Declaration**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Key Identification System and Form Fitting Label and Method of Manufacture

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application No. or PCT International
Application Number _____
and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)**Priority Claimed**

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

I hereby appoint the practitioners associated with
Customer Number 000181 to prosecute this application
 and to transact all business in the Patent and Trademark
 Office connected therewith.

Send Correspondence to:

Customer No. 181

Direct Telephone Calls to: *(name and telephone number)*
 David R. Schaffer (703) 610-8649

Full name of sole or first inventor James C. WILSON	
Sole or first inventor's signature <i>James C. Wilson</i>	Date <i>7/3/05</i>
Residence 300 North Prescott Avenue, <u>Clearwater</u> , FL 33755 <i>FL</i>	
Citizenship U.S.	
Post Office Address 300 North Prescott Avenue, Clearwater, FL 33755	

Full name of second inventor, if any	
Second inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

BEST AVAILABLE COPY